



MCA-01618 (12-2021)

Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

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E-mail: member\_relations@sss.gov.ph • Web site: http://www.sss.gov.ph

**SINUMPAANG SALAYSAY**  
**Handling of Concerns**  
(For Authorized Representative)

I am \_\_\_\_\_, \_\_\_\_\_ years old, \_\_\_\_\_ (relation to member) of \_\_\_\_\_ / \_\_\_\_\_ (name of member/SS Number) presently residing at \_\_\_\_\_. You may contact me thru my mobile/cellphone/landline number \_\_\_\_\_ or thru my e-mail address \_\_\_\_\_, after having been sworn in accordance with law hereby depose and state the following:

1. Question: What is your complaint/concern?

Answer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Question: What is the name of the company that the member worked for?

Answer: \_\_\_\_\_

3. Question: Where is it located?

Answer: \_\_\_\_\_

4. Question: Who is the current owner/president of the company?

Answer: \_\_\_\_\_

5. Question: How long did the member worked in the said company? How many months/years?

Answer: from (month and year): \_\_\_\_\_ to (month and year): \_\_\_\_\_  
number of months/years: \_\_\_\_\_

6. Question: What is the nature of work of the member?

Answer: \_\_\_\_\_

7. Question: How much is the member's monthly salary?

Answer: \_\_\_\_\_

8. Question: Has he/she been deducted for SSS contribution? If yes, how much?

Answer: \_\_\_\_\_

I am executing this affidavit to attest to the truth and veracity of the foregoing statements in accordance to R.A. No. 10173, Data Privacy Act of 2012:

\_\_\_\_\_  
Affiant

SUBSCRIBE AND SWORN to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, affiant exhibiting to me his/her government identification card \_\_\_\_\_ issued by \_\_\_\_\_ or \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Doc. No. \_\_\_\_\_ ;  
Page No. \_\_\_\_\_ ;  
Book No. \_\_\_\_\_ ;  
Series of \_\_\_\_\_ .